

CLAIMS ONLY

Application Number

" Filling" Date

091839,975

Applicān(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 4125762		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11	1					
12						
13						
14						
15						
16						
17						
18	1					
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45						
46						
47						
48						
49						
50						
Total Indep.	4					
Total Depend.	27					
Total Claims	31					

may be used for additional claims or amendments

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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99						
100						
Total Indep.						
Total Depend.						
Total Claims						